

# WIC Futures Study Group

May 3, 2012  
Holiday Inn Downtown, Helena, MT

Mary Beth Frideres  
Montana Primary Care Association  
900 North Montana, Suite B3  
Helena, MT 59601  
[mbfrideres@mtpca.org](mailto:mbfrideres@mtpca.org)

## Introduction

In response to financial, structural, and operational challenges within the Montana Women, Infants, and Children (WIC) nutritional program, the WIC Futures Study Group met to discuss the WIC service delivery system. The goal of the Study Group is to develop a statewide delivery system to provide effective, efficient, and high quality services to the greatest number of participants possible.

The meeting was held on Thursday, May 3, 2012. The following is a report of the meeting activities.

Participants included:

Mary Beth Frideres	MPCA	Terri Hocking	Butte HD
Jane Smilie	DPHHS	Debbie Hedrick	RiverStone Health
Joan Bowsher	DPHHS/WIC	Cynthia Grubb	Teton Region/Pondera County
Carrie Reynolds	DPHHS/WIC		
Denise Higgins	DPHHS	Ashland Jones (o)	Dietetic Intern
Bernadette Lahr	DPHHS/WIC	Gayle Espeseth (o)	RiverStone Health
Mark Walker	DPHHS/WIC	Shawn Hinz (o)	RiverStone Health
Lisa Lee	DPHHS	Jill Steeley (o)	Gallatin HD
Tara Ray	DPHHS	Darcy Hunter (o)	Gallatin HD
Leah Steinle	DPHHS	Kacee Noonan (o)	MSU Billings Intern
Bill Hodges	Big Horn County HD	Mary Pittaway (o)	Missoula Health Dept.
Gillian Brown	Fergus Co. HRDC	Dorothy Bradshaw (o)	Lewis & Clark Health Dept.
			(o) = observer

The meeting was facilitated by Mary Beth Frideres of the Montana Primary Care Association.

## Opening Comments

Opening comments were made by Joan Bowsher, DPHHS WIC Director. Joan gave the group an update on the state WIC Program:

- There have been staff changes and a transfer of one staff position out of the program.
- The MSPiRiT project is winding down and the program is getting ready for EBT implementation.
- They are reworking the State Plan so that policies will be easier to read, find, and understand.
- The RFP for some local agencies is out now with proposals due next week.

Joan thanked the participants for coming.

## Performance Goal Awards

Joan reviewed the Performance Goals offered by the WIC Program for FY2012:

1. Increase Breastfeeding rates at 3 months by 5%
2. Increase participation by 5%
3. Increase the cashing rate of the fruit and vegetable benefit by 5%

Local agencies could choose one of the goals to work on during the year. Six local agencies that selected “increase participation” met the goal – Gallatin, Deer Lodge, Rocky Boy, Fort Belknap, Crow, and Blackfeet. Two other agencies that did not select that goal, met it – Cascade and Flathead. One agency met the “increase breastfeeding rate” but had not selected it – Flathead. Additional funding will be placed into the contracts from successful programs. The group congratulated the winning agency representative who was present – Darcy Hunter, Gallatin WIC program, and acknowledged the work of the winners who were not there. Darcy summed up the reason why she thinks they did so well – good customer service!

## Report of Local Agency Monitoring Proposal

Mark Walker and Carrie Reynolds gave the state report on the development of the “Draft Plan for Increasing Local Agency Monitoring Performance,” available on the [WIC Futures Study Group webpage](#). The plan includes a review of data collected, federal regulations, and the recommendations of the WIC Future Study Group put forth in the January 31<sup>st</sup> meeting. Staff from the state WIC Program created a three tiered monitoring system to reward quality performance and improve performance levels of local agencies that have less than satisfactory monitoring evaluations. The overall goals are to “provide uniform standards for state monitoring teams and local agency staffs, tighten the reporting schedule, improve communication, and provide increased guidance to local agencies not meeting the standards and guidelines as per the State Plan.” Questions and issues noted from WFSG members included:

1. Local Agencies with multiple sites – hope one poorly performing site does not pull the project down. Carrie said that all clinics are weighted the same, one clinic out of compliance will put the whole local program out of compliance. Joan said it is up to the lead local agency to ensure that training and resources are provided to their satellite clinics.
2. On chart review – if one file out of 10 does not have a residence, for example, that would be ok. If all the files do not have a residence listed, that is a problem – this example demonstrates the difference between a mistake vs. a systemic problem.
3. How do the clinics fall into the tiers now? – Joan said that the majority is in Tier 1, some are in Tier 2, and two are in Tier 3.
4. In Tier 3, you say that locals would have to pay for technical assistance. Where would they get it? Joan said that the state staff know people who have trained on the system and could provide technical assistance on contract to the local agency. A Tier 3 agency might find that expertise through an arrangement with a Tier 1 agency, for example, but the local agency would have to pay for it, if payment is required.
5. Cynthia said that good definitions should be available for all items in the proposal. Carrie said definitions and expectations will be available at the fall training and could be posted online.
6. Could we try this for a while and then tweak it? If possible, Joan said, the state would like a vote of support today. The state program would be open to a trial period of one year.
7. Need an online guide to refer to. The state responded that would be created.
8. Could MSPIRT be set up to not go forward unless all things are done? The focus ends up being on the system and not on the client. Integrity of the program is about providing services and should not be about checking a little box. Mark said changes can be made to the system but he needs the local agency to submit suggestions to him on what changes need to be made so that he can bring the issues up with other states that use the SPIRIT software.

9. VENA requirements are difficult and you may see the response in one area, but not in another – will you look at those when monitoring? Carrie said yes, they will look everywhere in the system even though they like to see it in a particular place. That will also be addressed in training.

Terri Hocking made the motion to approve the proposal with a trial period “as the state sees fit.” Joan said a one year trial period was fine, with a review in 3, 6, and 12 months. Bill said that, “We have leveled the field and we are not enabling a poor performing clinic – that is the best that we can do.” The motion was seconded by Gillian Brown. Motion passed unanimously. The monitoring plan will be effective October 1, 2012 for a trial period of one year.

### **Presentation – “No Kid Hungry”**

Lisa Lee, director of the “No Kid Hungry” project at DPHHS described the new program for the group. The program is a public/private partnership with “Share Our Strength” which has set a goal of ending child hunger by 2015. The effort in Montana involves targeting existing state programs like WIC, SNAP, Child and the Adult Care Food Program (school and afterschool meal program), and coordinating efforts to maximize participation and identify barriers and strategies to get people in for services. All hunger initiatives across the state will be connected – faith-based programs, community groups, and non-profits, etc. A community assessment will be performed and a plan will be devised on how to best move forward. Lisa will have a VISTA volunteer to help with grocery shopping tours – how to shop on a tight budget and choose healthy food. Intern dieticians from the Montana Dietetic Association will also assist the program. Mini-grant funding of \$10,000 (up to 5,000 apiece) is available to help Local WIC Agencies meet their goals. The website, <http://mt.nokidhungry.org/> is up and running. Lisa encouraged everyone to get involved.

Joan told the group that she forwarded some unfunded OA requests to Lisa in the hope that the new program could help support them. One participant said that “No Kid Hungry” could help to increase awareness of the WIC program. Another noted the high need and difficult access on the Indian reservations. Lisa said they she recently surveyed all reservations and hopes that information will help her identify ways to approach the problems.

### **Outreach and WIC Policy Discussion**

In preparation for this meeting, Debbie Hedrick requested that representatives from the AMPHO Large Caucus WIC Programs be allowed to present information to the WFSG regarding outreach and WIC policies. Gail Espeseth, RiverStone Health; Mary Pittaway, Missoula Health Department; and Darcy Hunter, Gallatin County Health Department made up the panel.

Gail began by talking about what they are doing at RiverStone to increase participation and retention of WIC clients – answering the phone rather than using the answering machine, changing scheduling methods, and using more drop-in and same day appointment times.

Mary talked about how difficult it is to identify people who could use WIC but don’t. At a recent training of cashiers at Wal-Mart, she observed that the cashiers would qualify for WIC and could be helpful at steering customers to WIC services. There have been reports that some WIC participants have difficulty using the fruit and vegetable benefit. Mary requested ongoing assessment of the rules and regulations of WIC so that people can get WIC easier. She said that their program has extended hours, walk-in appointments, and reminder calls, but they have been unsuccessful in increasing WIC participation. Mary says they end up serving the “easy people” not the “hard people.” Mary surveys clients twice a year to identify concerns and gather suggestions. Mary would like to create a workgroup to address topics – are the rules as easy to follow as possible? Can barriers be reduced? Is there a way to make WIC benefits more popular than SNAP? One of her concerns is having to send people home when they do not bring required documentation instead of just giving them benefits. It is hard for working moms to reschedule and it is difficult to find parking if they come back. Mary said that it takes 20 minutes to prove

eligibility, five minutes to make the next appointment, and five minutes is left for education. The breastfeeding peer counseling program, however, is well-received and mothers love it.

Darcy shared that their participation is up by 10% due to good customer service, a change in clinic hours, staffing, and the implementation of email reminders. Darcy said that the VENA questions are difficult if a client is in crisis.

Several members of the WFSG told the panel members that they appreciated the information. One study group member said she does not provide WIC services. Darcy asked Joan if there are WFSG members who provide WIC services. Joan replied yes, but some members who do are not here today. Bill said that they have had success with reaching out to doctors in his community.

Jane Smilie addressed the group about concerns that have been brought forward through various means. She said that the WIC program has increased participation by two percent overall and eight programs have increased participation by 5% or more in the past year. She said that the state office is being portrayed as only caring about regulations but we all care about clients, as well. Jane said the state could talk to the feds about what other states do. She said that there will be an effectiveness review of the FY2011 WIC media campaign. The Epidemiology and Scientific Support Unit will assist in the review. We need to do some survey work and identify those who did not stay with the program after their child's first birthday. "We will work with Medicaid and TANF," she said, "to see if there is a way to use those programs to help increase WIC participation." Jane said that "No Kid Hungry" has some good ideas like the community assessment and targeted outreach campaigns. Jane said that she allowed Dorota to share the potentially eligible participant estimates for the purpose of program improvement and increased statewide participation, but that information was only an estimate, as Dorota repeatedly warned the group. To illustrate the danger of using estimates, Jane walked the WFSG members through a study published by USDA which showed Montana has a 48% participation rate (+ or – 12%) which was similar to other states in the Mountain Plains region. Jane identified several serious weaknesses in the design of that report which cast doubt on its conclusions. The WFSG is much more than a funding formula group, Jane said. She gave a history of the group's beginning after the WIC Program had received a number of very poor audits which threatened to result in a qualified audit for the entire State Health Department. She listed several important contributions to the success of WIC that have come from the WFSG.

Mary Beth said that the state WIC program has sponsored the WFSG with time, attention, and considerable expense. She talked about her concern as the facilitator for the group, after reading an article in a Montana newspaper in which the WIC program was criticized by a large local health department. Her concern was related to the strong relationships that have been built over the years through the WFSG. The study group is where issues can be identified and addressed. "What brought this on? Has the relationship been damaged?" she asked. Maybe there is something that could be done, structurally, to assure that issues are brought to the surface in the meetings and adequate time is given for preparation. For example, in the previous WFSG meeting, a letter with detailed suggestions was handed to her from the AMPHO Large Caucus. She remembered that it was difficult to decide what to do with it because to not allow it on the agenda could have resulted in feelings of being discounted. Mary Beth said that Joan, very courageously, addressed the points in the letter at that meeting. But maybe, allowing that to happen was the facilitator's mistake, she said. Mary Beth suggested that there could be a section added to the agenda for each meeting, such as "Emerging Issues," where we could identify things to be addressed at the next meeting. Some group members thought that was a good idea.

## **Funding Formula Discussion**

Joan reported that the state WIC budget for FY2012 was 95.5% of FY2011. That included OA, reallocation, and carry forward. Despite that, the state WIC program kept the local agency contracts whole and \$200,000 was available for bonus payments if goals were met. The projection for FY2013 includes another possible 5% cut from FNS. There will be no carry forward from this year. MSPIRIT funds will end September 30, 2012, although some expenses will remain. No large new funded projects are anticipated. The EBT initiative has funding what covers it. Joan handed out three documents which will also appear on the [WIC Futures Study Group webpage](#): "FY2012 (last

year's) Proposed Contract Totals and Average Cost Per Participant,” “Montana WIC Program March 2012 Participation Report,” and the “WIC Budget 2010 to 2013.”

Joan told the group that the state WIC Program transferred one FTE to another program, reduced temp services and reduced travel funding. In response to a question about the cost allocation plan, Jane said that they have been able to trim the WIC portion of the state cost allocation plan (indirect cost) to the minimum amount.

Joan told the group that she had contacted the director of the regional office and asked her how much of an increase in participation would be needed for Montana to receive a higher allocation of funds? The director told her 25%.”

The group discussed the budget constraints and agreed to:

1. A 5% reduction in the base grant award to local agencies.
2. No reduction in OA request.
3. There will be no performance bonuses.
4. If there are additional funds, they will be distributed evenly across the local agencies based on participation.
5. In the Local Agency Monitoring Program Proposal for FY2013, Tier 3 required technical assistance will be paid for by the State office.

Bill made the motion. Gillian seconded. The motion passed.

## **Public Comment**

Comments were supportive of the WFSG process.

## **Evaluation (+/△ )**

In regard to what the group members liked about the meeting, the following comments were gathered:

- Doesn't seem like anyone holds back – we collaborate – don't know how to improve that
- Panel did a real good job – good to hear from agencies
- Group meetings are done well – important to know what happens in local agencies
- Great discussion – statewide team
- Good participation
- Glad beans still on the list
- Liked the panel. We all benefit from hearing from others – all doing the same thing/each other's' greatest resource
- Appreciate the continued collaboration
- Appreciate input on monitoring section and how to make it better
- Appreciate input – great
- Appreciate group support for monitoring visits
- The panel was very helpful – process smoother
- Enjoyed and appreciated hearing the communication and dynamics
- New – sharing of focus, appreciate way things handled here
- Liked local agency panel
- Liked having Lisa here
- I like that there is this group – other areas of Public Health could benefit from this - liked Jane's vision
- Can see the passion around the room – agree to disagree
- Liked having the panel – balance between state and local perspective – like challenge and open forum
- Most effective meeting – glad I came
- Efficient and effective use of everyone's time
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As to what can be improved, two comments were offered:

- Native American point of view is needed
- The article didn't hit me like that – it was ok – we are in it together
- Have information to make decisions
- Emphasize how we can use the same team to address problems – use this group to sort out problems
- Maybe meet more often
- My being clueless
- Wish everyone could make it so better representation
- Maybe try for alternatives for representatives
- Meetings more often – may not need to be in the same place – coming together local/state/feds
- Alternative members
- Opening the door to other issues that come up
- Spreadsheet in hand (printed)
- Need member proxies – representation from small/medium/large counties
- Consider keeping local staff input going on service delivery
- Suggest more collaboration with other communities around you and help each other
- Referring from other agencies – bring them here

### **Issues for Next Meeting in August**

State to address issues identified by the “WIC Outreach and Policy Discussion” panel

Review structure of the WFSG and discuss allowing proxies for representatives unable to come to a meeting

Review State Plan changes

Add “Emerging Issues” to agenda